Assessing the Prevalence of Anxiety among Urban Middle-Aged Businessmen and Businesswomen in Ahmedabad

Submitted by

Priyansi Kanakia

Research scholar- Enrollment No. 202406010017

Karnavati University

Under the supervision of

Dr. Nasreen Ansari

Associate Professor

Unitedworld School of Liberal Arts and Mass Communication

Submitted To

Karnavati University, Gandhinagar

"It's never too late to prioritize your mental health. Middle age is the perfect time to reassess and improve your well-being." (Winfrey, n.d.)

Introduction

In contemporary psychology, there is an increasing emphasis on the frequency of mental health issues in middle-aged adults, particularly those between the ages of 40 and 60. The shift from young adulthood to middle adulthood poses particular difficulties at this point in life. These difficulties include adjusting to shifting family dynamics, changing mental and physical health trends, and negotiating the responsibilities and life changes that set this phase apart from previous and later phases of life. Both stress and increased obligations arise from the duties associated with adult children, parents, or even grandchildren. This demographic must contend with changes in marital roles, financial limitations, health issues, social security worries, and various life expenditures. They also address matters of role transition, financial vulnerability, health and social security concerns, and elevated living costs. The social transformations and emerging patterns of extended lifespan, together with shifting expectations and roles, render middle adulthood a significant phase in the human life cycle that necessitates particular decisions about gains and losses. Following this, overall well-being and quality of life indicate that emphasis must be directed on the mental health issues of this group (Infurna et al., 2020).

Common mental health conditions that middle-aged individuals may encounter might impair their capacity to fulfill tasks both at work and in their personal lives. Annually, one in four individuals has anxiety and sadness, leading to PTSD, panic disorder, obsessive-compulsive disorders, phobias, and post-traumatic stress disorders (Souter et al., 2018). Middle adulthood is often characterized as a phase of stability and productive employment. Nevertheless, it is increasingly acknowledged that these years may also be conducive to the development of mental problems. The World Health Organization (2021) indicates that middle-aged persons who assume several jobs and responsibilities are particularly susceptible to mental health issues, which contribute significantly to the global illness burden. This group frequently lacks proper mental health support, despite their significance in the workforce and as caregivers, which highlights the need for focused research and interventions. In addition to the people's health, addressing these problems will have a greater influence on their families, places of employment, and communities.

This research is primarily going to focus on Generalized Anxiety disorder and its prevalence in non-clinical middle-aged men and women. In the general population, anxiety is the most common mental health condition with an early onset age. Tension-induced sensations and worry-inducing thoughts are indicative of anxiety. It's a typical life process. However, anxiety might be classified as a condition or illness if it gets severe or starts to interfere with how one lives. A group of mental illnesses known as anxiety disorders differ in the degree of impairment and the intensity of their symptoms. They also bear a heavy social and financial cost. Anxiety disorders come in different forms, such as agoraphobia, panic disorder, particular phobia, social phobia, separation anxiety disorder, and generalized anxiety disorder (GAD). (Kader et al., 2015). For instance, Tension-induced sensations, anxious thoughts, and bodily changes like elevated blood pressure are all indicative of anxiety. (Anxiety, 2024). Similarly, generalized anxiety disorder (GAD) is characterized by excessive concern and anxiety over a range of circumstances or activities. Other symptoms including restlessness, impatience, easy fatigability, loss of focus, tense muscles, and irregular sleep patterns are also linked to it. It significantly impairs functioning regardless of co-occurring illnesses. Even while research on anxiety disorders has been more popular recently, GAD is still the most understudied of them all.

The general population's 12-month prevalence of GAD ranges from 0.6% in Japan to 1.2-1.9% in European nations (Kessler, R. C., et al., 2005). Epidemiological studies specific to a country must be carried out because prevalence rates for anxiety disorders like GAD differ from those in Western nations and because cultural variations exist. The 12-month prevalence of GAD was estimated by the World Mental Health Survey (WMHS) in 2005 to be 0.34% based on data from 24371 Indian individuals spread across eight locations. Moreover, an epidemiological survey with a nationwide representative sample of adult participants from 12 Indian states was conducted in 2016 and the results indicated that the GAD prevalence was 0.57%. (Kessler et al., 2009). The likelihood of having current GAD was much lower for the male gender and higher education groups. The married group and urban metro had a higher probability of having a current GAD. The two most common comorbid mental disorders were agoraphobia (9.4%) and depression (15.8%), accompanied by a 75.7% treatment gap for generalized anxiety disorder (GAD) overall. (Pavithra et al, 2023)

Middle-aged individuals are most likely to be afflicted by Generalized Anxiety Disorder (GAD), particularly when employed in high-stress industries such as business, which exacerbates their stress levels. Generalized Anxiety Disorder (GAD) is characterized by

pervasive and persistent concern that frequently impairs concentration and decision-making, resulting in diminished performance with heightened stress levels. Business communication can be influenced by gender in several ways; performance anxieties may hinder concentration on tasks, while both male and female professionals may experience fatigue that diminishes productivity. Additionally, interpersonal relationships with clients and colleagues may also be adversely affected. These issues may lead to missed opportunities, diminished production, and numerous instances of employee conflict. This emphasizes the necessity to comprehend and address the ramifications of GAD in this demographic, highlighting the need for targeted research and interventions. This is sometimes exacerbated by the stress of balancing demanding work with personal duties, resulting in decreased efficiency. Infurna et al (2020), along with Jayasankar et al. (2023), also observe that GAD symptoms might adversely affect sleep, hence exacerbating problems like cognitive decline and emotional dysregulation. These qualities are regarded as essential competencies that may assist firms in addressing challenges within business environments. This letter aims to emphasize the necessity of further investigations on the occurrence and impact of GAD in middle-aged individuals employed in high-stress occupations, given their unique circumstances. Although the majority of the research thus far has been on the general population, there is less evidence about the impact of GAD and its manifestation, especially among middle-aged businesswomen and men. By investigating the prevalence, of psychological distress and GAD in this population, this study seeks to close that knowledge gap. Gaining an understanding of these dynamics is essential to creating focused interventions that can aid middle-aged professionals' mental health outcomes and general quality of life (World Health Organization, 2021; Souter et al., 2018).

Review of Literature

However, the concerns mentioned above related to Midlife, an essential milestone in an individual’s life go unattended. The current knowledge on the prevalence, treatment, or identification of anxiety disorders in middle adults between 40-60 years of age is minimal. The majority of the literature and research on psychiatric disorders highlight young adults, adolescents, and children, either clinically diagnosed or screened across different parts of the world. Hence, research related to the prevalence of anxiety, psychological distress, gendered and age-related differences among middle-aged adults, or other such related demographics will be reviewed below.

Using information from the global illness burden database, a study looked at the mental health burden of middle-aged and older Chinese patients who had experienced worry over the previous 30 years. According to the study, the incidence of anxiety disorders and disability-adjusted life years (DALYs) decreased between 1990 and 2019, with greater rates among women. Additionally, the study discovered that between 1990–1994 and 2015–2019, the relative risks of anxiety disorder incidence and DALY decreased by 5.6% and 7.3% for men and 4.3% and 11.7% for women. (Zhi et.al, 2024). Similarly, another study looked at the formation of anxiety disorders in middle-aged people over 14 years old using a naturalistic, longitudinal, short-interval follow-up methodology. The study comprised 453 people with social phobia, panic disorder, and generalized anxiety disorder. The results showed that PSR severity decreased over time, and that time and age had a significant impact on how PD and GAD developed. The prognosis was better for older patients with PD and GAD, and they provided important information about middle-aged anxiety issues. (Ramsawh et al., 2008).

Hence, similar findings have also been corroborated in a study conducted by Bansal et.al (2015) in rural Punjab, 180 middle-aged women were found to have high rates of anxiety and despair. According to the survey, 69.4% of the women had mild anxiety and 86.7% and 88.9% of them had moderate depression. Based on age and marital status, the study discovered substantial disparities in depression levels. However, none of the variables that were examined were significant for anxiety or depression. Additionally, using data from the CPES, a sizable sample of people (N = 20,013) in the US was examined to investigate gender disparities in DSM-IV anxiety disorders. All anxiety disorders had prevalence ratios of 1:1.79 for males and 1:1.7 for females over 12 months. Throughout their lives, women were diagnosed with anxiety disorders at higher rates than males, except for social anxiety disorder, which did not show a gender difference in prevalence. The chronicity and age of onset of the disease did not differ by gender. Nonetheless, women with a lifetime diagnosis of anxiety disorders were more likely to simultaneously have bulimia nervosa, major depressive disorder, and another anxiety disorder than men. Furthermore, women who suffer from anxiety disorders have a larger burden of illness than males, particularly European American and, to a lesser extent, Hispanic women. These findings imply that anxiety disorders affect women more frequently than they do men and that they also cause more disability. (McLean et al., 2011). Similarly, Plaisier et al. (2008) conducted a cross-sectional study using data from 3,857 NEMESIS participants, aged 25-55. Depression and anxiety were measured using the CIDI 1.1 scale. The study found that anxiety and depressive disorders were more common in women than in males. While the

employment role significantly lowered anxiety and depression risk for both men and women without children, the partner role was protective for both genders. Nevertheless, employment did not provide the same protective benefit for women who were also mothers. By taking into account work role characteristics, the gender gap in mental health risks was narrowed.

The results of studies on anxiety and aging have been mixed. This could be due, in part, to the age-related emergence of anxiety symptoms. Therefore, a study sought to determine if age affected the emotional, cognitive, and somatic symptoms of anxiety. Patients in primary care, ranging in age from 19 to 87, completed three self-report anxiety measures. Results indicated that older folks report feeling less anxious than younger people. There were no differences in somatic and emotional symptom reporting by age. Therefore, when anxiety appeared in older adults, worry did not appear to be as significant. These results implied that anxiety is experienced differently by older adults than by younger adults. (Brenes, 2006). However, Mental health disorders have not only been prominent across a certain developmental group but also among middle-aged people who experience stress, fatigue, and mental health issues, which have become increasingly important. Most people in the 40–50 age range have some typical mental health problems, such as anxiety, sadness, mood fluctuations, and alcohol and tobacco use. These mental diseases are associated with decreased social functioning, decreased work productivity, and family issues, and vice versa. To guarantee preventive measures for appropriate treatment, however, the diagnosis, screening, and assessment of various psychiatric diseases among these people is necessary. For instance, a cross-sectional study conducted by Talebi et al (2024), looked at the frequency of mental illnesses in middle-aged people in northeastern Iran's primary healthcare facilities. Included in the study were defined middle-aged people aged 30 to 60 who were registered in the SINA system's electronic mental health records. The PHCs used Kessler's Psychological Distress Scale to screen for mental health disorders as part of their screening process, and the results showed that anxiety and depression were the most common psychiatric conditions in both males and females, with women more likely than men to have bipolar disorders, somatoform disorders, childhood mental illnesses, and anxiety. In a qualitative study conducted in Kashan, Iran, twenty-three middle-aged women were found to have mental health issues as a result of increased life concerns and physical and psychological tensions. (Sharifi et al., 2014)

Although it is becoming more widely acknowledged that midlife is a particularly sensitive time for mental health, it is still unknown what the underlying causes are and who is most at risk. Data from six waves of the Swiss Household Panel (2013–2018), comprising

5,315 individuals, were evaluated by Gondek et al. (2024) to compare the mental health and well-being of midlife (40–55 years) and younger persons (25–39 years). The findings indicated that middle-aged adults had higher levels of anxiety, anger, job pressures, and insecurity in addition to lower levels of enjoyment, life satisfaction, and social support when compared to younger persons. In addition, there was a stronger correlation between energy and optimism and midlife health satisfaction.

While there has been much research on the incidence of anxiety and depression in different genders, less is known about the effects of occupational characteristics on middle-aged people's mental health, particularly for those who work in demanding jobs. This is significant since extended workdays, which are common in business environments, have been associated with increased employee rates of anxiety and depression. Therefore, a study was carried out to find out if longer workdays are associated with increased rates and severity of anxiety and depression. The technique included comparing the anxiety and depression levels of 1350 overtime workers with those of 9092 non-overtime workers using the Hospital Anxiety and Depression Scale. Additionally, self-reported information on lifestyle, somatic health, demographics, and several work-related traits were included. The results showed that overtime workers of both sexes had significantly higher levels of anxiety and depression as well as a higher prevalence of anxiety and depressive disorders than those who worked normal hours. The findings suggest a dose-response relationship between work hours and anxiety or depression. (Kleppa et.al, 2024)

Similarly, a study was conducted by Gupta et.al, (2021), where they used the GAD-7 scale to compare the incidence of anxiety in various professions during the COVID-19 epidemic in India. They distributed paper copies and electronic copies of the entirely voluntary, anonymous GAD-7 Questionnaire to Indian adults over the age of 20. The results indicated that 80.5% of the 4333 survey participants reported having anxiety, including 79.3% of those in the medical profession, 85.1% of those in the business sector, 79.8% of instructors, 78.8% of students, and 82.4% of those in the non-medical field. A greater overall frequency of mild anxiety was noted across all professional categories. The prevalence of moderate anxiety was higher in the female group and mild anxiety in the male group, with a statistically significant difference. The findings also indicated that anxiety was substantially more common in the Indian population across all age categories, genders, and occupations. In addition to this, a qualitative study was carried out where 54 self-employed people from a range of solo enterprises participated. In addition to this, a research study employed semi-structured

interviews with each participant to elicit various aspects of their job experience. The data was subjected to reliability and validity assessments. Stressful events, coping mechanisms, and emotional stresses resulting from those stressful experiences were all identified in the study. Income uncertainty was a prevalent source of ongoing stress. Dramatic company slowdowns, reputational threats, betrayals, difficult consumers, and health issues were some of the recent specific pressures. Apprehension/anxiety, impatience, rage, and sadness/depression were among the stresses that frequently surfaced. (Schonfeld. et.al, 2015)

Even with the extensive study of the literature, there are still several obvious research gaps. First, middle-aged individuals in non-Western populations, especially in India, where distinct cultural and socioeconomic factors may have a different impact on anxiety and psychological distress than they do in Western contexts, seem to receive less attention than they should. The middle-aged population has received little attention from research thus far, particularly when it comes to their personal and professional lives. The majority of studies have focused on younger or older adults. Furthermore, although studies have been done on the variations in anxiety levels among occupations, nothing has been done to investigate the precise effects of various business kinds on middle-aged persons' anxiety. Considering the variety of enterprises and the range of stressors they involve, this is an important issue to look into more deeply. Filling in these gaps could lead to a more sophisticated knowledge of the elements that influence middle-aged persons' psychological distress and anxiety, especially about their cultural and occupational contexts.

Objectives of the study:

1. To assess the prevalence of Anxiety among non-clinical, middle-aged businessmen and businesswomen aged 40-60 years in urban Ahmedabad.
2. To map out the relationship between the type of business (i.e., family-owned business and sole proprietorship) and anxiety levels in middle-aged businessmen and businesswomen aged 40-60 years in urban Ahmedabad.

Hypotheses

1. There will be a significant prevalence of anxiety among non-clinical, middle-aged businessmen and businesswomen aged 40-60 years in urban Ahmedabad.
2. There will be a significant relationship between the type of business (i.e., family-owned business and sole proprietorship) and anxiety levels in middle-aged businessmen and businesswomen aged 40-60 years in urban Ahmedabad.

Significance of the study:

This study on anxiety and psychological discomfort among middle-aged business executives is greatly required, as mental health problems are becoming more common in the middle-aged population. Studies usually underrepresent this age group, which must juggle health concerns, financial commitments, and employment limitations. By focusing on the prevalence of anxiety and distress among middle-aged urban businessmen and women in Ahmedabad, this study seeks to close a significant gap. Employing a quantitative methodology can yield a data-driven understanding of how variables such as gender, and type of business influence anxiety levels. The results will help educational institutions and mental health providers create focused interventions at an early stage, which will improve the population's overall well-being later in their lives and advance the study of clinical psychology.

Research Methodology

This study will employ a quantitative technique to ascertain the prevalence of anxiety among middle-aged businesswomen and men in metropolitan locations. The study will employ standardized psychological tests to determine the prevalence and severity of anxiety among individuals. More specifically, a screening tool to identify general psychological distress will be the Kessler Psychological Distress Scale (K-10). To determine the prevalence or degree of anxiety, positively screened individuals with a high psychological distress score will subsequently complete the Generalized Anxiety Disorder Scale (GAD-7). The rationale of the study is to investigate the mental health issues that this population faces and investigate anxiety in particular.

To participate in the study, a purposive sample of middle-aged participants aged 40-60 years with various important characteristics, for example, gender, age, and type of the company, they own a family business or the company is owned by one person, will be selected. This procedure is done to make sure that the subjects in a sample match the study requirements in a perfect manner by paying attention to only the subjects of interest.

In offline questionnaires, the K10 scale will be adopted to screen people with high levels of psychological distress, which will form part of the data collection process. The GAD-7 scale, which mainly focuses on anxiety symptoms, will be completed only by those participants who exceed a selected cut-off for the K10 scale. Since the participants will know

that these scales will not be diagnosing them, the consent will be explained before administration of the scales. Besides, some other details such as the age, gender, and nature of the business will also be obtained.

Data collected quantitatively will be analyzed using the Statistical Package for Social Sciences (SPSS), which will also be used for inferential and descriptive analysis. Descriptive data will be used to determine anxiety levels and these results will be presented about subjects' demographic characteristics. The research will also use hypothesis testing statistics, the t-statistics, to compare the anxiety levels between males and females. Therefore, an analysis of variance will be conducted to compare the differences and associations of anxiety for various age groups and business kinds. The importance of the similarities and differences described in the research objectives will be ascertained with the use of these analyses.

This study will be very helpful in providing researchers and psychologists with a comprehensive understanding of the incidence of anxiety among middle-aged businessmen and businesswomen.

Tools Used

Kessler Psychological Distress Scale (K-10): Developed by Kessler in 1996, the Kessler Psychological Distress scale (K10) is a widely used, simple self-report measure of psychological distress that may be used to determine which people need further evaluation for depression and anxiety. It could be a useful clinical tool even if its original purpose was to be used in the general community. The client circles the response that best characterizes them during the last four weeks for each of the ten items on the K10, which have a five-point scoring system (5 being all the time and 1 being none of the time). Following that, the scores are totaled, with a score of 10 indicating no anxiety and a score of 50 indicating significant distress. (Kessler, R. C., 1994)

Generalized Anxiety Disorder Scale (GAD-7): A self-administered screening test consisting of seven items, the GAD-7 is used to assess the presence and severity of GAD. Its contents list the essential diagnostic elements of the original DSM-IV criteria for generalized anxiety disorder. Throughout the assessment, participants are asked how often, during the preceding two weeks, they had experienced symptoms of anxiety, such as fear, trouble falling asleep, etc. A 4-point Likert scale is used for each item, with 0 representing not at all, 1 representing many

days, 2 representing more than half the days, and 3 representing virtually every day. The GAD-7 total score, which ranges from 0 to 21, is obtained by adding the scores of all seven components. (Tahia Anan Dhira et al., 2021)

Scope and Limitations of the Study:

a. **Scope:** The prevalence of anxiety among middle-aged individuals (40–60 years old) is investigated in this study, which also explores the complicated topic of mental health in this demographic. The study will employ the K10 quantitative, non-experimental technique for responder screening, while anxiety levels will be assessed using the GAD-7 test, including age, gender, and firm ownership. The study aims to determine the incidence of anxiety among middle-aged urban professionals and to discover the initial indicators of mental health issues and concerns. This research will direct the creation of focused psychological therapies, promoting prompt medical attention in consulting psychologists and psychiatrists. It will also guide social interventions, such as community support and workplace mental health and psychoeducational programs, creating conditions that enhance late-adult productivity and mental well-being.

b. **Limitations:** Although several studies seek to elucidate incident anxiety in middle-aged businessmen and businesswomen, it is crucial to recognize the different limitations inherent in the study technique. The non-experimental, cross-sectional methodology complicates the identification of causal links between anxiety and the variables of age and firm type. The dependence on self-report instruments, such as the K10 and GAD-7 scales, which may incorporate response bias and subjective interpretation, might compromise the precision of anxiety prevalence assessments. Despite the sample technique's representational intent, it may fall short in capturing the diversity of the business community, particularly in terms of the sizes and sectors of the companies. Furthermore, concentrating just on middle-aged adults (40–60 years old) may leave out significant experiences from both younger and older business sector participants. Last but not least, while assessing the findings, it's critical to consider outside variables that might affect anxiety levels, such as socioeconomic status, towns, cultural and intraregional differences, and the unique demands placed on different types of businesses. Being aware of these limitations is necessary to comprehend the scope and significance of the study's findings.

Thesis Work Plan

It is anticipated that the research will take about two years, starting with the completion of the literature evaluation, finalization of the instrument, and ethics approval. There will be sampling, and then data gathering via questionnaires and interviews. Data synthesis and analysis will take place, and in the last two months, the final report will be written and the results distributed.

Thesis Outline:

Chapter No.	**Chapter Title**
1.	**Introduction**
1.1	Theories of Anxiety, Psychological Distress, and Middle Age Development.
2.	**Review Of Literature**
2.2	Prevalence and Impact of Anxiety Among Middle-Aged Adults
2.3	Mental Health Challenges in the Business Sector
2.4	Psychological Well-being in Urban Settings
2.5	Empirical Studies on Anxiety and Distress in Business Professionals
3.	**Research Methodology**
3.1	Objectives and Hypothesis
3.2	Research Design and Sampling Technique
3.3	Tools Used: K10 and GAD-7 Scales
3.4	Selection of Participants: Inclusion and Exclusion Criteria
3.5	Data Collection Process
4.	**Data Analysis and Findings**
5.	**Discussions**
6	**Conclusions and Recommendations**
	References
	Appendix
	Informed Consent Form
	Data Collection Instruments
	Ethical Considerations

References

Anxiety. (2024). *Anxiety*. Https://Www.apa.org. https://www.apa.org/topics/anxiety/

Bansal, P., Chaudhary, A., Soni, R. K., Sharma, S., Vikram Kumar Gupta, and Kaushal, P. (2015). Depression and anxiety among middle-aged women: A community-based study. *Journal of Family Medicine and Primary Care*, *4*(4), 576–576. https://doi.org/10.4103/2249-4863.174297.

Brenes, G. A. (2006, June). Age differences in the presentation of anxiety. *ResearchGate; Taylor and Francis*. https://www.researchgate.net/publication/7005425_Age_differences_in_the_presentation_of_anxiety

Gondek, D., Bernardi, L., McElroy, E., and Comolli, C. L. (2024). Why do Middle-Aged Adults Report Worse Mental Health and Wellbeing than Younger Adults? An Exploratory Network Analysis of the Swiss Household Panel Data. *Applied Research in Quality of Life*. https://doi.org/10.1007/s11482-024-10274-4

Gupta, M., Gupta, V. K., Kaur, N., Hari, P. K., Gupta, V., Goyal, K., and Goyal, H. (2021). Comparative Study Analyzing Prevalence of Anxiety among Different Professions Using GAD-7 Scale during COVID-19 Pandemic in India. *SAS Journal of Medicine*, *7*(12), 649–661. https://doi.org/10.36347/sasjm.2021.v07i12.004

Infurna, F. J., Gerstorf, D., and Lachman, M. E. (2020). Midlife in the 2020s: Opportunities and challenges. *American Psychologist*, *75*(4), pp. 470–485. https://doi.org/10.1037/amp0000591.

Kader, F., Sherina Mohd Sidik, Lekhraj Rampal, and Mukhtar, F. (2015). Prevalence, associated factors and predictors of anxiety: a community survey in Selangor, Malaysia. *BMC Psychiatry*, 15(1). https://doi.org/10.1186/s12888-015-0648-x

Kessler psychological distress scale (K10). (n.d.). https://comorbidityguidelines.org.au/pdf/K10-and-Scoring-Guide.pdf

Kessler, R. C., et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602. https://doi.org/10.1001/archpsyc.62.6.593

Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S., Ormel, J., Üstün, T. B., & Wang, P. S. (2009). The global burden of mental disorders: An update from the WHO World Mental Health (WMH) Surveys. *Epidemiologia E Psichiatria Sociale*, 18(1), 23–33. https://doi.org/10.1017/s1121189x00001421

Kleppa, E., Sanne, B., and Tell, G. S. (2024). Working overtime is associated with anxiety and depression: The Hordaland Health study. *Journal of Occupational and Environmental Medicine*, 5. https://about.jstor.org/terms

McLean, C. P., Anu Asnaani, Litz, B. T., and Hofmann, S. G. (2011). Gender differences in anxiety disorders: Prevalence, course of illness, comorbidity and burden of illness. *Journal of Psychiatric Research*, 45(8), 1027–1035. https://doi.org/10.1016/j.jpsychires.2011.03.006

Jayasankar, P.; Suhas, S.; Nirisha, L. P., Philip, S., Narayana M.; Rao, G. N., Gururaj, G.; Varghese, M., and Vivek Benegal (2023). Current prevalence and determinants of generalized anxiety disorder from a nationally representative, population-based survey of India. *Indian Journal of Psychiatry*, 65(12), 1244–1248. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_824_23

Pavithra, J., Vivek, B., et al. (2023). Current prevalence and determinants of generalized anxiety disorder from a nationally representative, population-based survey of India. *Indian Journal of Psychiatry*.

Plaisier, I., de Bruijn, J. G. M., Smit, J. H., de Graaf, R., ten Have, M., Beekman, A. T. F., van Dyck, R., and Penninx, B. W. J. H. (2008). Work and family roles and the association with depressive and anxiety disorders: Differences between men and women. *Journal of Affective Disorders,* 10(1-3), 63–72. https://doi.org/10.1016/j.jad.2007.04.010

Ramsawh, H. J., Raffa, S. D., M. Orlando Edelen, Rende, R., and Keller, M. B. (2008). Anxiety in middle adulthood: effects of age and time on the 14-year course of panic disorder,

social phobia, and generalized anxiety disorder. *Psychological Medicine*, *39*(4), 615–624. https://doi.org/10.1017/s0033291708003954

Schonfeld, I. S., and Mazzola, J. J. (2015). A qualitative study of stress in individuals self-employed in solo businesses. *Journal of Occupational Health Psychology*, 20(4), 501–513. https://doi.org/10.1037/a0038804

Souter, G., Lewis, R., and Serrant, L. (2018). Men, Mental Health and Elite Sport: a Narrative Review. *Sports Medicine - Open*, *4*(1). https://doi.org/10.1186/s40798-018-0175-7.

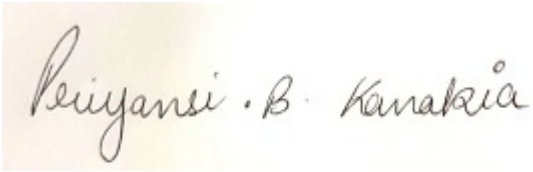
Sharifi, K., Monireh Anoosheh, Mahshid Foroughan, and Anushirvan Kazemnejad. (2014). Barriers to Middle-Aged Women's Mental Health: A Qualitative Study. *Iranian Red Crescent Medical Journal*, *16*(6). https://doi.org/10.5812/ircmj.18882.

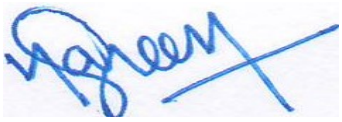
Tahia Anan Dhira, Rahman, M. A., Abdur Razzaque Sarker, and Jeenat Mehareen. (2021). Validity and reliability of the Generalized Anxiety Disorder-7 (GAD-7) among university students of Bangladesh. *PLoS ONE*, 16(12), e0261590–e0261590. https://doi.org/10.1371/journal.pone.0261590

Talebi, M., Taghipour, A., Amene Raouf-Rahmati, Ehsan Musa Farokhani, Saeed Ghaffariyan-Jam, Azadeh Samarghandi, Nemati, M., and Nemati, A. (2024). Prevalence of mental disorders among middle-aged population of primary healthcare centers in North-eastern Iran. *BMC Public Health*, *24*(1). https://doi.org/10.1186/s12889-023-17598-0.

World Health Organization. (2021). Mental Health Atlas 2020. Geneva: World Health Organization.

Zhi, Z., Yan, S., Yijuan, H; Jiahuan, Z.; Xiaohan, J.; and Dandan, C. (2024). Trends in the disease burden of anxiety disorders in middle-aged and older adults in China. *BMC Psychology*, *12*(1). https://doi.org/10.1186/s40359-024-01575-2





Signature of Scholar **Signature of Supervisor**